

Arkansas

[Title II](#) | [ADAP](#) | [Title III](#) | [SPNS](#) | [AETC](#) |

State CARE Act Program Profile

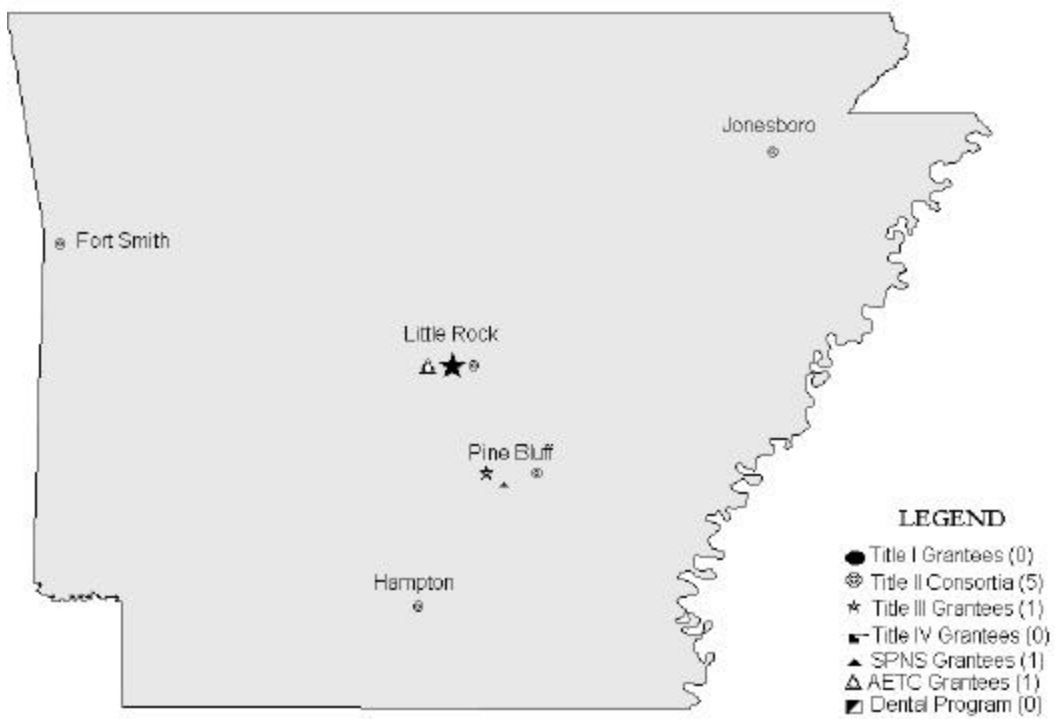
CARE Act Funding History Since 1996

Fiscal Year	1996	1997	1998	Total
Title I	\$0	\$0	\$0	\$0
Title II (including ADAP)	\$1,369,814	\$2,050,008	\$2,505,494	\$5,925,316
ADAP	(\$199,737)	(\$654,013)	(\$1,110,885)	(\$1,964,635)
Title III	\$327,250	\$351,677	\$373,902	\$1,052,829
Title IV	\$0	\$0	\$0	\$0
SPNS	\$243,441	\$259,510	\$282,286	\$785,237
AETC	\$37,849	\$40,000	\$40,000	\$117,849
Dental	\$0	\$0	\$0	\$0
Total	\$1,978,354	\$2,701,195	\$3,201,682	\$7,881,231

Number of CARE Act-funded Grantees in State (in addition to Title II and ADAP grants)

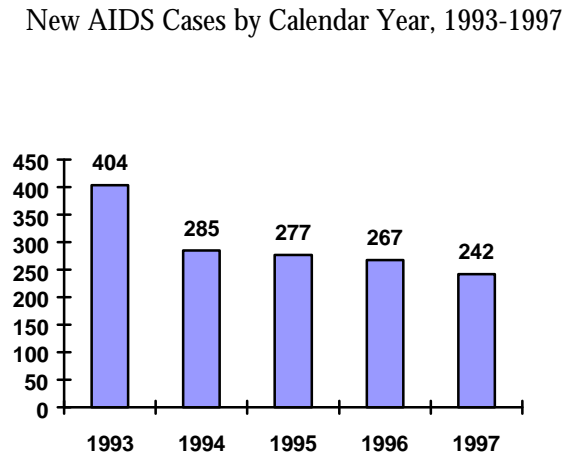
	1996	1997	1998
Title I	0	0	0
Title III	1	1	1
Title IV	0	0	0
SPNS	1	1	1
AETC (grantee or subcontractor)	1	1	1
Dental	0	0	0

Location of FY 1998 CARE Act Grantees and Title II Consortia



HIV/AIDS Epidemic in the State: Arkansas (Pop. 2,522,819)

- ▶ Persons reported to be living with AIDS through 1997: 1,193
- ▶ Persons reported to be living with HIV infection (not AIDS) through 1997: 1,574
- ▶ State reporting requirement for HIV: Name-based reporting for HIV (initiated July 1989)
- ▶ State AIDS Cases (cumulative) since 1993: 1,475 (<1% of AIDS cases in the U.S.)



Demographics of AIDS Cases Reported in 1997

	State-Specific Data	National Data
Men (13 years and up):	81%	78%
Women (13 years and up):	19%	22%

	State-Specific Data	National Data
<13 years old :	2%	1%
13-19 years old :	1%	1%
20+ years old :	96%	98%

	State-Specific Data	National Data
White:	57%	33%
African American:	40%	45%
Hispanic:	2%	21%
Asian/Pacific Islander:	0%	<1%
Native American/Alaskan Native:	0%	<1%
Other, unknown or not reported:	1%	0%

	State-Specific Data	National Data
Men who have sex with men (MSM):	38%	35%
Injecting drug user (IDU):	17%	24%
Men who have sex with men and inject drugs (MSM/IDU):	7%	4%
Heterosexual contact:	18%	13%
Other, unknown or not reported:	20%	24%

Pediatric Cases, by exposure category

	State-Specific Data	National Data
Hemophilia/coagulation disorder:	0%	<1%
Mother with/at risk for HIV infection:	100%	91%
Receipt of blood transfusion, blood components, or tissue:	0%	<1%
Other, unknown or not reported:	0%	8%

Co-morbidities

	State Cases per 100,000 Population	U.S. Cases per 100,000 Population
Chlamydia (1996)	85.0	194.5
Gonorrhea (1996)	203.6	124.0
Syphilis (1996)	10.5	4.3
TB (1997)	7.9	7.4

Statewide Coordinated Statement of Need (SCSN)

To enhance collaboration in HIV needs assessment and planning activities among CARE Act grantees and to maximize CARE Act resources statewide, Title II grantees were required to develop, in collaboration with other CARE Act grantees, an SCSN by March 1998. SCSNs must include: a discussion of existing needs assessments; epidemiologic data; discussion of emerging issues in HIV care in the state; critical gaps in HIV medical and support services; and broad goals to address major service gaps.

- **Emerging Needs:** increased HIV infection due to heterosexual transmission, men having sex with men, and injection drug use; and an overall decrease in AIDS cases

State Medicaid Information

In 1998, Medicaid is estimated to have covered 55% of U.S. adults with AIDS and 90% of pediatric AIDS cases. Applying these percentages to the number of AIDS cases in the U.S., at least 108,000 individuals with AIDS were covered by Medicaid in 1998.

Medicaid Income Eligibility Requirements

Eligibility Category	Income
Adult Aged/Blind/Disabled*	75% FPL
Pregnant Women	133% FPL
Medically Needy	25% FPL

*Income eligibility for State's ADAP program is 100% FPL.

Medicaid Prescription Drug Benefits Limits

Co-payment:	Yes
Limit on Rx per month:	Yes
Refill limit:	Yes
Quantity Limit:	Yes

Waivers

1115

Section 1115 of the Social Security Act gives the Secretary of Health and Human Services broad authority to waive provisions in Title XIX, the Medicaid statute. Populations covered vary from waiver to waiver, as does the scope of coverage and the nature of the provider organization.

1115 waiver: Yes

Beneficiary groups: Current Medicaid, uninsured children age 18 and under whose parents have incomes at or below 200% FPL who cannot afford to purchase insurance.

1915(b)

Section 1915(b) of the Social Security Act authorizes the Secretary of Health and Human Services to waive compliance with certain portions of the Medicaid statute that prevent a state from mandating that Medicaid beneficiaries obtain their care from a single provider or health plans.

1915(b) waiver(s): Yes

Title II: Arkansas

Title II funds are provided to States and Territories to improve the quality, availability and organization of health care and support services for PLWH. From FY 1991 to FY 1998, more than \$1.9 billion in funding was appropriated for Title II programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Formula Grant	\$1,369,814	\$2,050,008	\$2,505,494	\$5,925,316
ADAP (included in Title II grant)	(\$199,737)	(\$654,013)	(\$1,110,885)	(\$1,964,635)
Minimum Required State Match	\$0	\$0	\$0	\$0

Allocation of Funds

	1998
Health Care (State Administered)	\$1,110,885/44%
Home and Community Care	(\$0)
Health Insurance Continuation	(\$0)
ADAP/Treatments	(\$1,110,885)
Direct Services	(\$0)
Case Management (State Administered)	\$0/0%
Consortia	\$1,261,030/50%
Health Care*	(\$1,246,030)
ADAP/Treatment	(\$0)
Case Management	(\$0)
Support Services**	(\$15,000)
Administration, Planning and Evaluation (Total State/Consortia)	\$133,579/5%

* includes: diagnostic testing, preventive care and screening, prescribing and managing medication therapy, continuing care and management of chronic conditions, and referral to specialty care.

** includes: counseling, direct emergency financial assistance, companion/buddy services, day and respite care, housing assistance, and food services.

Consortia Activities, FY 1997

States provide services directly or through subcontracts with Title II HIV care consortia. A consortium is an association of public and nonprofit health care and support service providers and community-based organizations that plans, develops and delivers services for people living with HIV disease.

Number of consortia in State: 5

Consortium Name	Location	Service Area	Title II Funding, FY 1997
Arkansas Managed Care, District II	Fort Smith	Benton, Carroll, Boone, Washington, Madison, Newton, Crawford, Franklin, Sebastian, Johnson, Pope, Conway, Faulkner, Logan, Scott, Yell and Perry Counties	\$556,595
Arkansas Managed Care, District III	Pine Bluff	Grant, Jefferson, Arkansas, Lincoln, Desha, Drew, Chicot and Ashley Counties	\$156,275
Arkansas Managed Care, District IV	Hampton	Polk, Montgomery, Garland, Saline, Hot Springs, Clark, Sevier, Howard, Pike, Little River, Hempstead, Nevada, Miller, Lafayette, Grant, Dallas, Cleveland, Quachita, Calhoun, Bradley, Columbia and Union Counties	\$312,353
Arkansas Managed Care, District V	Jonesboro	Marion, Baxter, Searcy, Stone, Izard, Independence, Van Buren, Cleburne, White, Fulton, Randolph, Clay, Sharp, Lawrence, Greene, Craighead, Jackson, and Poinsett Counties	\$301,844
District I Consortium	Little Rock	Pulaski, Lonoke and Prairie Counties	\$583,342

Accomplishments

Clients Served (duplicated count), FY 1996:	950
Men:	76%
Women:	24%
<13 years old:	1%
13-19 years old:	2%
20+ years old:	97%

White:	56%
African American:	43%
Hispanic:	1%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%
Men who have sex with men (MSM):	42%
Injecting drug user (IDU):	18%
Men who have sex with men and inject drugs (MSM/IDU):	2%
Heterosexual contact:	34%
Other, unknown or not reported:	4%

► **Improved Patient Access**

- The State's ADAP, first established in FY 1996, works closely with the State's regional consortia to enroll clients. In FY 1997, approximately 125 (42%) of the 300 enrolled ADAP clients received medications each month; another 500 clients received other Title II-funded health and support services. As of July 1998, the number of enrolled ADAP clients had increased 185% for a total of 854 clients, with approximately 710 (83%) receiving medications each month.
- Arkansas expanded the ADAP formulary in FY 1997 to include FDA-approved protease inhibitors. During FY 1998, the ADAP provided access to protease inhibitors only, with consortia utilizing other Title II funds to provide access to other medications.
- The grantee expanded consortia-provided comprehensive services to HIV-infected women, children, and infants, who represented almost 23% of all Title II clients.
- During FY 1997, the State provided funding for a new Title II consortium to improve the geographic distribution of services. A total of six regional consortia now provide services to PLWH.

► **Cost Savings**

- The Arkansas ADAP began participating in the Office of Drug Pricing's up-front discount purchasing program in July 1998. Estimated savings for the half-year range between \$150,000 and \$300,000.

► **Other Accomplishments**

- To ensure that Title II-funded services meet the needs of children, youth, and families, the State initiated quarterly reporting by all providers during 1997.
- During 1997, in response to new State legislation, Title II consortia and providers worked closely with programs serving women of child-bearing age and those serving persons about to be released from prison. The consortia provide HIV counseling and testing and early intervention services to link HIV-infected individuals to needed primary medical care, treatment, and related support services.

AIDS Drug Assistance Program (ADAP): Arkansas

ADAPs provide medications to low-income PLWH with limited or no coverage from private insurance or Medicaid. ADAP is just one of multiple sources of public and private funding for HIV treatment, the largest source being Medicaid.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Funds	\$199,737	\$654,013	\$1,110,885	\$1,964,635
State Funds	\$0	\$0	\$0	\$0
Total	\$199,737	\$654,013	\$1,110,885	\$1,964,635

Program

- ▶ Administrative Agency: Dept. of Health
- ▶ Formulary: 23 drugs, 4 protease inhibitors, 5 other antiretroviral drugs.
- ▶ Medical Eligibility
 - ▶ HIV Infected: Yes
 - ▶ CD4 Count: No
- ▶ Financial Eligibility
 - ▶ Asset Limit: No
 - ▶ Annual Income Cap: No
- ▶ Co-payment: No
- ▶ PLWH involvement in advisory capacity: The Arkansas HIV Services Planning Council, whose membership includes PLWH and affected persons, advises the program on issues concerning services to PLWH. Members are recruited through a formal nomination process.
- ▶ Enrollment cap: Yes
- ▶ Waiting list as of 10/98: Yes
- ▶ Waiting list for protease inhibitors as of 10/98: Yes

Clients Served

Clients enrolled, 10/98:	854
Number using ADAP each month:	710
Percent of clients on protease inhibitors:	15%
Percent of active clients below 200% FPL:	100%

Client Profile, FY 1996

Men:	78%
Women:	22%

<13 years old:	0%
13-19 years old:	2%
20+ years old:	98%

White:	60%
African American:	38%
Hispanic:	2%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%

Title III: Arkansas

Title III provides funding to public and private nonprofit entities for outpatient early intervention and primary care services. From FY 1991 to FY 1998, \$445.8 million was appropriated for Title III programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Number of Programs Funded in State	1	1	1	
Total Title III funding in State	\$327,250	\$351,677	\$373,902	\$1,052,829

Clients Served in FY 1996 by Title III Grantees in State

(Based on programmatic information from 1 grantee(s) in State)

- ▶ Total number of people provided HIV pre-test counseling and testing services by State's Title III-funded programs: 862
- ▶ Total number of people provided primary health care services by State's Title III-funded programs: 197
- ▶ Number of new HIV-infected patients enrolled in State's Title III-funded early intervention programs in the past year: 87
- ▶ New clients (adults only) in State's Title III-funded early intervention programs presenting with CD4:
 - ▶ under 200: 39%
 - ▶ from 200 to 499: 36%
 - ▶ above 500: 24%
 - ▶ unknown: 1%

Accomplishments

Clients served (primary care only), 1996:	197
Men:	80%
Women:	20%
<13 years old:	0%
13-19 years old:	1%
20+ years old:	99%

White:	17%
African American:	81%
Hispanic:	1%
Asian/Pacific Islander:	1%
Native American/Alaskan Native:	0%
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Men who have sex with men (MSM):	27%
Injecting drug user (IDU):	11%
Men who have sex with men and inject drugs (MSM/IDU):	0%
Hemophilia/coagulation disorder:	0%
Heterosexual contact:	43%
Receipt of blood transfusion, blood components, or tissue:	1%
Other, unknown or not reported:	19%

► **Improved Patient Access**

- The Jefferson Comprehensive Care System has established strong collaborative relationships with various services providers throughout the eight counties served in Arkansas, resulting in direct referrals to the early intervention program. A wide range of services, available on-site, includes medical services, dental care, laboratory, radiology, nutritional, psychiatric, and gynecological services.
- In the past three years, the grantee expanded clinic hours from three to four days per week for primary care services and added two new primary care sites, at the Arkansas Department of Corrections and at College Station.
- Within the service area of Jefferson Comprehensive Care System, the grantee coordinates care for incarcerated persons prior to their release from prisons to ensure continuity of care.
- To increase accessibility to HIV counseling and testing for targeted populations, the Jefferson Comprehensive Care System provides these services at a homeless shelter, inpatient/outpatient substance abuse facility, and a local food kitchen.

► **Improved Patient Outcomes**

- The compliance rate for medical appointments at the Jefferson Comprehensive Care System has risen dramatically to average between 80% and 90%, representing a 50% increase since 1994. Through improved continuity of care and support services, medication compliance is also improving.
- Since implementing the Title III program at the Jefferson Comprehensive Care System, the grantee reports improved clinical outcomes such as fewer episodes of opportunistic infections, reduced numbers of hospital admissions, a lower number of HIV-related deaths, decrease in viral loads, and increase in CD4 counts.

► **Cost Savings**

- The grantee reports fewer complications related to HIV disease, such as fewer opportunistic infections and decreased hospital admissions among clients, and anticipates that this will result in a reduction in the cost of care through the Jefferson Comprehensive Care System.
- Working closely with the Title II consortium, which is housed in the Jefferson Comprehensive Care System facility, the grantee has undertaken efforts to ensure that resources are maximized and no duplication of charges occur. For example, Title II funds are used to provide medications that are covered by the formulary while Title III funds are used to provide medications that are not covered, such as protease inhibitors.

Title III Grantees, FY 1998

Grantee Name	Location	Service Area	Type of Organization
Jefferson Comprehensive Care	Pine Bluff	Arkansas, Ashley, Chicot, Desha, Drew, Lincoln, Jefferson, and Pulaski Counties	Community and Migrant (329/330) Health Center

Special Programs of National Significance (SPNS): Arkansas

The goal of the SPNS program is to advance knowledge about the care and treatment of persons living with HIV/AIDS by providing time-limited grants to assess models for delivering health and support services. From FY 1991 to FY 1998, \$119.9 million in funding was dedicated for SPNS programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Number of programs funded	1	1	1	
Total SPNS Funding in State	\$243,441	\$259,510	\$282,286	\$785,237

Project Descriptions

► **Jefferson Comprehensive Care System**

Location: Pine Bluff

Project period: 10/96 - 9/01

Population Served: Medically underserved African Americans

Description of Services: The Jefferson Comprehensive Care System is a partnership initiative between the University of Arkansas Medical Center and four community providers to provide early intervention as well as primary care and support services to medically underserved populations, particularly HIV-infected African Americans across an eight-county area of central Arkansas. Operating out of a new health facility, the project has developed a “blended” system of care. This system offers clients accessible, one-stop shopping to ensure delivery of a full complement of services, including all ambulatory healthcare services. The project enhances case management and psychosocial support for the target population while reducing barriers to medical care and support, and reducing risk behaviors for the spread of HIV.

Project Highlights

- The Jefferson Comprehensive Care System has established an effective collaborative partnership with the University of Arkansas Medical Center, the Arkansas Department of Health, and four community service providers. The network serves as a model for expanding and enhancing HIV primary care and support services for impoverished populations across a wide area.
- The project has developed a “one-stop-shop” concept to eliminate unnecessary duplication of services and significantly reduce barriers to care. Thirty-six underserved and hard-to-reach clients are receiving health care and support services in this setting. Clients are receiving enhanced case management and psychosocial support.
- Data collection and evaluation efforts are ongoing to determine the efficacy of the program.

AIDS Education and Training Centers: Arkansas

The AETCs are a network of 15 regional education centers (75 local performance sites covering all 50 states, Washington, D.C., Puerto Rico, and the Virgin Islands) funded by the CARE Act to train clinical health care providers, provide consultation and technical assistance and disseminate rapidly changing information for the effective management of HIV infection. Targeted providers are CARE Act-funded programs, federally funded community migrant health centers, and clinicians serving persons living with HIV infection. From FY 1991 to FY 1998, \$171 million was appropriated for AETC programs in the U.S.

- ▶ Delta Region AETC
- ▶ States Served: Arkansas, Louisiana, Mississippi
- ▶ Primary Grantee: Louisiana State University School of Medicine, New Orleans, LA
- ▶ Subcontractors in State: Univ. of Arkansas for Medical Sciences - Little Rock

Funding History

Year	1996	1997	1998	Total
Total AETC				
Funding for State	\$37,849	\$40,000	\$40,000	\$117,849

Training Highlights from FY 1997

- Two programs designed to inform HIV-infected individuals and the care providers were conducted in 1997. Empowerment 97, a one-day workshop co-sponsored with the FDA and an AIDS service organization, provided information to HIV-infected individuals and care providers on available treatment options and how to make informed decisions about HIV management. A town meeting, titled "Treatment in the Age of Protease Inhibitors: Successes, Failures, Options," was co-sponsored by the Delta AETC, Merck Pharmaceuticals, the Tulane-LSU Adult Clinical Trials Unit, and AIDS service providers. The program provided HIV-infected individuals and care providers an opportunity to learn about the latest research and how to promote adherence to therapy. Topics presented included: "Antiretroviral Drugs: What Are They and How do They Work;" "Building the Ideal HIV Treatment Regimen for your Client;" and "Future Answers for Patients: Clinical Trials."
- "Circle of Healing: Linking Our Experiences," a conference coordinated by the Mississippi performance site, was held in October 1997. The 3.5-day conference brought together agencies from five states (Mississippi, Alabama, Arkansas, Louisiana and Tennessee) to share experiences and perspectives and provide new information. Program topics included: HIV/STD risk assessment; oral health; occupational transmission; women and HIV disease; and models for delivery of primary care.

- The Delta AETC Clearinghouse Library has developed a comprehensive collection of HIV/AIDS-related resources and a range of information services for faculty and health care providers in the region. The clearinghouse provides access to videotapes, publications and journals, curriculum manuals, slide sets, and directories. Topics covered by these resources include: HIV/AIDS epidemiology, perinatal transmission, drug dosage and administration, clinical trial results, women and HIV, nursing interventions, clinical manifestations/symptoms, sexually transmitted diseases and cultural competence.
- The Louisiana HIV/AIDS Service Provider Directory, with information on over 400 agencies, is available to providers as an on-line searchable database through the AETC's Clearinghouse Library.